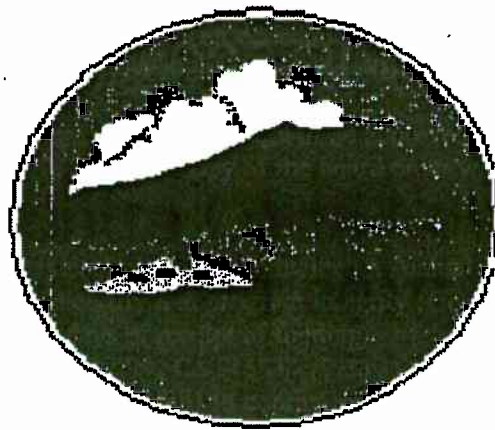


# In-Home Supportive Services Fraud Investigations and Program Integrity Plan



**Contra Costa County  
2009-2010**

## FRAUD INVESTIGATIONS

## CONTRA COSTA COUNTY

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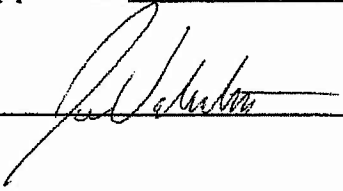
**COUNTY RESPONSE COVER PAGE**

Contra Costa County is requesting participation in the Enhanced Anti-Fraud Program and will submit a plan and data as described above by November 1, 2009.

**Board of Supervisor Approval**

Approved on November 10, 2009, by the County Board of Supervisors

Name of Approver: Joe Valentine

Signature 

**Name of County District Attorney Representative: Robert J. Kochly**

County District Attorney Representative Telephone: (925) 957-2200

E-mail address: [RKochly@contracostada.org](mailto:RKochly@contracostada.org)

**Name of County Welfare Department Representative: Joe Valentine**

County Welfare Department Representative Telephone: (925) 313-1578

E-mail address: [jvalentine@ehsd.cccounty.us](mailto:jvalentine@ehsd.cccounty.us)

**FRAUD PLAN BUDGET**

2 Social Workers (FTE's)	\$208,568
1 Registry Specialists (FTE)	\$152,284
1 Part Time Registry Specialist	
DA Investigator (additional contract time for full-time)	\$100,000
Data (Collections Clerk)/Payroll	\$ 41,892
Match (DA & EHSD)	\$ 97,236
	<b>\$599,980</b>

In-Kind Match Sup. Lt Inspec. - .25 FTE		\$30,000
DA	Building Space @ 40+/mo x 1.50 FTE	7,272
	Data Process @ \$180/mo. X 12	3,240
	Admin Fee @ 5% of \$303,171	15,159
		\$55,671
EHSD	EHSD Processing and ORC	\$41,565
	Tracking & Admin Costs	<b>\$97,236</b>

## **CURRENT AND PROPOSED STAFFING FOR QUALITY ASSURANCE, FRAUD AND COLLABORATIVE EFFORTS FOR PROGRAM INTEGRITY PLAN**

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<b>Current Quality Assurance and Fraud Staffing includes:</b>	
1	Social worker
1	DA Investigator – part time
1	Program Coordinator – part time
<b>Proposed staffing for Quality Assurance and Fraud and staffing for collaborative efforts by the Public Authority with the implementation of the State Budget Act required components:</b>	
3	Social workers
1	DA Investigator – full time
2	Public Authority Registry specialists
1	Data collection clerk – part time
1	Program coordinator – part time

**Current Contra Costa County**  
**Fraud Efforts**

Even before Contra Costa's Quality Assurance and Quality Improvement Plan was submitted to the State in FY 05/06, the IHSS program had been active in working with our District Attorney concerning potential fraud cases. With dedicated Social Worker position(s) for quality review and follow-ups, the IHSS program was able to develop a Fraud/Quality Review that became more systemized and effective in the pursuit of fraud. Fraud and quality case reviews have in many cases resulted in cost containment with a rebalancing of case time for tasks (a major cost reduction). With the exception of about 9 months in 2007 where two Social Workers (down to one at present) were doing case reviews and preliminary fraud work, this process has continued to evolve and net, not just convictions but overpayments and restitution amounts that were comparable to larger counties with large staffs. Increased convictions in 2008 resulted from having additional DA attorney's available to try cases. Reductions in funding have unfortunately reduced that level of staffing both for the DA and IHSS social workers. The Fraud/Quality Assurance Team has had the benefit of a consistent DA investigator that knows the IHSS program. There is a learning curve for understanding and approaching these cases to be effective in the assembly of evidence necessary for DA prosecuting attorney's to successfully prosecute cases. Meeting monthly with the DA and other partners in Fraud Prevention (as described in Fraud Referrals and Outcomes) has contributed to the success and improvement of the QA efforts since the beginning.

The IHSS Quality Assurance unit has continued to send all referrals to the California Department of Health Care Services (DHCS) each quarter but has relied on the local efforts of the County DA for fraud case follow-up. With the increased support and funding under the State Budget Act of 2009, Contra Costa expects to utilize the efforts and contributions from its State partners, (DHCS and CDSS) in combating fraud. Access to different data sources available to these agencies could be useful in combined efforts. With an enhanced tracking of data, communications and case results could be shared and frauds detected faster. Reportable data regarding combined efforts, convictions, and shared best practices can be tracked and reported.

Our current Quality Assurance team continues to follow-up on error rates using death match lists, 300+ reports of providers, hospitalization reports, and the random review of questionable situations concerning both providers and consumers.

Contra Costa's current efforts to explore potential fraud and adjust case need through quality review will continue but will be greatly improved with additional staff. The tracking and processing overpayments to the State needs some improvement and this funding will assist in this area. An expanded presence in the community with these quality assurance efforts will contribute to fraud containment.

**Collaborative Partner Enhancements in Additional Program Integrity Efforts**

Many of the anti-fraud components listed in the State Budget Act of 2009 require local (county) active part especially with respect to provider background checks, orientations, and fingerprinting. Contra Costa proposes that we fund (two) Registry Specialists in the Public Authority to meet the requirements of these fraud containment efforts. As mentioned in the Fraud Referral Outcomes section, our Public Authority is an ongoing participant in our MDT (multi-disciplinary team) that makes referrals and assists in assists in the investigations that result in District Attorney follow-up. Both the payroll clerks and the Public Authority staff are now (along with the QA Social Worker) called upon to testify in court. With additional fraud efforts this funding will be necessary to go beyond what is currently done. The increased number of provider orientations and background checks and the issues resulting (false identifications, criminal records, appeals, and increased efforts to accommodate increased consumers without providers) can be better dealt with through increasing our collaborative efforts with the Public Authority.



**IHSS Overpayments/Underpayments**

Overpayments that need to be collected from providers that will not be receiving earnings any longer will be sent to the County's Office of Revenue Collection (ORC). Amounts of overpayment from ongoing providers are tracked but only recently (2008/09). The accounting and collection of these funds are provided to EHSD's Fiscal Unit from ORC and put into a fund account until payments can be sent to the State. (Overpayment process is described in attachment C).

Overpayments that are restitution amounts as a result of court convictions are submitted directly to the Office of Revenue Collection (ORC). A report from ORC to EHSD Fiscal Bureau tracks these recoveries. Additional funding under this plan would allow for an assigned data staff person to more effectively track and do the accounting and submission of overpayments back to the State. In accordance with ACL 09-32 regarding overpayment processing, this data tracking person could bring better accounting to what is recovered. Currently, staffing levels have prevented a seamless recovery and submission of overpayment funds to the State. Underpayments, of which there are considerably few, are not currently tracked but with the additional tracking clerk, this data could be easily accounted for.

The accurate accounting of data will be vital with the final data submission in August 2010 to CDSS.

**Fraud Referrals/Outcomes**

Currently Quality Assurance staff meet with staff from the District Attorney, Payroll, and the Public Authority each month in what is known as the MDT (Multi-disciplinary Team) to discuss and evaluate IHSS potential fraud cases that could be investigated further or might be coming up for trial or hearings. When a potential fraud is suspected, or a case that needs further investigation by Quality Assurance or the District Attorney it is submitted (using the DA-100a form) to the Quality Assurance Unit by the referring party and inventoried. Many of the cases that the District Attorney chooses not to investigate are cases that the Quality Assurance social worker still may follow up on. These cases may, after investigation, yield considerable savings to the program from the case adjustments made to the allocated task times/overall needs/or case situation. Having the additional Quality Assurance social worker making these readjustments to cases will be enhanced. Currently, these figures are not reported on the State QA Quarterly report but with a tracking clerk and the additional social workers this will net large cost savings that can statistically be captured and reported.

**Collaboration and Partnership with District Attorney's Office (DAO)**

As mentioned above, the QA staff meets regularly with the DA staff. Also, the QA social worker works closely with the DA investigator in home visits and interviews with clients

and providers. These efforts often result in case coordination and convictions. Outcomes by year are included. Social workers and IHSS payroll staff are regularly used to testify regarding overpayment and case fraud circumstances. Additional funding will provide for additional investigative time (1 FTE) and in-kind support will contribute to data tracking, supervision and space costs. Additional funds from this plan would allow for more targeted reviews and follow-up culminating in a higher number of cases investigated and ready for prosecution. This ultimately leads to higher overpayment recovery.

**Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)**

To date Contra Costa County Quality Assurance unit sends all of the referrals from all referring parties to DHCS on a quarterly basis. With the shortage of DHCS investigative staff, we have not had a working relationship. With the passage of the State Budget Act of 2009 there will be a greater involvement with staff of DHCS and Contra Costa welcomes additional partners that can add to data element reviews, investigations and prosecutions. The additional efforts of DHCS will benefit investigations of fraud that can range between multiple counties. The potential fraud cases that involve multiple counties require considerable investigative staff that is difficult with limited resources. The adding of District Attorney investigative staff time will allow for more cases to be investigated and will allow for the time that will be needed in the collaborative efforts with DHCS.

**Item 5**  
**Outcomes Data**

County: Contra Costa County

Overpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		NA	NA	NA	17,863	38,174
Number of Instances:		NA	NA	NA	57	220
Breakdown of Causes	Provider:	NA	NA	NA	52	198
	Recipient:	NA	NA	NA	5	22
	County Error:	NA	NA	NA	NA	NA
	Unknown:	NA	NA	NA	--	--
	Other:	NA	NA	NA	--	--

Underpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		NA	NA	NA	NA	NA
Number of Instances:		NA	NA	NA	NA	NA
Breakdown of Causes	Provider:	NA	NA	NA	NA	NA
	Recipient:	NA	NA	NA	NA	NA
	County Error:	NA	NA	NA	NA	NA
	Unknown:	NA	NA	NA	NA	NA
	Other:	NA	NA	NA	NA	NA

Fraud Referrals/Outcomes		04/05	05/06	06/07	07/08	08/09
Number of referrals to DHCS:		14	55	83	111	93
Number handled locally by DA:		14	55	83	111	90
Number of convictions:		2	2	5	7	20
Court Ordered Restitution:		2	2	5	7	20
Amount of funds involved in the convictions:		\$3,250	\$7,301	\$11,324	\$20,604	\$182,666
Amount of funds recovered:		NA	NA	NA	NA	NA
Amount of funds pending recovery:		NA	NA	NA	NA	NA
Basis for the Conviction:		NA	NA	NA	NA	NA
Individuals Responsible	Recipient:	NA	NA	NA	NA	NA
	Provider:	NA	NA	NA	NA	NA
	County Staff:	NA	NA	NA	NA	NA
	Other:	NA	NA	NA	NA	NA
	Unknown:	NA	NA	NA	NA	NA

Utilization of County DA for Fraud		04/05	05/06	06/07	07/08	08/09
Outcomes	Documented referrals to DA*	44	55	83	111	93
	Accepted:	2	25	35	48	37
	Rejected:	12	30	48	63	56
	Pending:	0	0	0	NA	NA
	Completed Investigation					
	No Fraud:					1
	Restitution Action:	1	2	5	7	20
	Referred for Prosecution:	--	--	9	30	7
	Criminal Charges Filed:	--	--	8	21	5
	No Charged Filed:	--	--	1	9	2
	Convictions:	2	2	5	7	20
	Acquittals:	0	0	0	0	0
	Dismissals:	0	0	0	0	0
	Pending Investigation:	0	0	0	NA	NA
	Restitution					
	Court Ordered:	2	2	5	7	20
	Restitution Action:	--	--	--	--	--
	Fines	4	--	--	4	13
	Prosecutions Completed	2	2	5	7	20
	Convictions	2	2	5	7	20
	Misdemeanor	1	2	3	4	10
	Felony	1		2	3	10

## FRAUD INVESTIGATIONS

## ITEM 6

**QUALITY ASSURANCE PROGRAM ATTACHMENTS**

A	DA-100A In Home Supportive Services Referral for Action on Suspected Fraud
B	Program Memo 05-01 Utilization Procedure for IHSS Reports and QA Referrals
C	Program Memo 8-05 IHSS Overpayment Recovery Procedures
D	Procedure for IHSS Fraud / QC Referrals
E	The IHSS Fraud / QC Referral Flow





**CONTRA COSTA COUNTY  
IN-HOME SUPPORTIVE SERVICES  
REFERRAL FOR ACTION ON SUSPECTED FRAUD  
DA-100A**

**ALLEGATION(S) :**

- |  |   |
|--|---|
| <input type="checkbox"/> Recipient Incarcerated          | <input type="checkbox"/> Overstated Needs                         |
| <input type="checkbox"/> Recipient Deceased              | <input type="checkbox"/> Provider Incarcerated                    |
| <input type="checkbox"/> Recipient in Hospital/SNF       | <input type="checkbox"/> Provider Not Working the Hours           |
| <input type="checkbox"/> Unreported Changes in Household | <input type="checkbox"/> Falsified Timesheets (Hours/Signatures)  |
| <input type="checkbox"/> Misrepresented Income           | <input type="checkbox"/> Recipient Demanding Provider Share Check |
| <input type="checkbox"/> Other (specify):                |   |

Case Number:

Case Manager:

Recipient Name:

SSN:

DOB:

Sex:

Address:

Phone Number:

**COMPLETE ADDITIONAL REFERRAL FORMS IF RECIPIENT HAS MULTIPLE PROVIDERS INVOLVED IN SUSPECTED FRAUD**

Provider Name:

SSN:

DOB:

Sex:

Address:

Phone Number:

Same as Recipient: ☐

**SUSPECTED FRAUD COMMITTED BY:** ☐ RECIPIENT ☐ PROVIDER ☐ BOTH

**STATEMENT OF REASON OF SUSPECTED FRAUD:**

Signature of Reporting Party

PCN:

Date:

Supervisor Approval

Date:

PHONE:

PHONE:

IN-HOME SUPPORTIVE SERVICESCONTRA COSTA COUNTY**IN-HOME SUPPORTIVE SERVICES PROGRAM MEMO 05-01**

**TO: Code 54  
IHSS Eligibility Staff and  
Respective Supervisors**

**Date: March 25, 2005**

**SUBJECT: Utilization Procedure for IHSS Reports and QA Referrals**

The following instructions indicate how certain Quality Assurance (QA) related reports are to be used and tracked. Beginning in January 2005, the IHSS Program will begin implementing a systematic approach to following up on reports and making the necessary referrals to Fraud/QA staff for further administrative review or investigation.

This process is to remain in effect until the time the State issues directives indicating the new QA/Fraud protocols concerning follow-up and tracking of QA/Fraud cases.

These changes represent systematic efforts to develop a Continuous Improvement System for IHSS cases. With additional QA staff, the expectation is that there will be more follow-up scrutiny beyond the initial Social Worker/Payroll efforts.

The 300+ Hour and the Out of County Provider Reports should be reviewed by Social Workers each month utilizing the CMIPS generated reports. Any case where there is a question regarding provider ability to provide authorized service to consumer(s) then a referral should be made on the REQUEST FOR DISTRICT ATTORNEY INVESTIGATION Form (DA-100) and sent to the IHSS Program Management via the Social Work Supervisor. After initial review and logging of these referrals, they are to be sent to the Multi-Disciplinary Team (consisting of representatives from IHSS, EFI, Payroll, Public Authority and the DA's Office) that will meet monthly to discuss which cases warrant follow-up. Cases will be evaluated and triaged as to severity of the fraud and the likelihood of corrective action resulting from Early Fraud Unit and Quality Assurance investigation and potential subsequent follow-up investigation by the DA. Social Workers need to forward all questionable cases.

The Provider Service Report is a document that is used by the Social Worker at a home visit to ascertain what days/hours of the week a consumer is receiving paid services by a stated provider(s). Although not always easily identified, comparing provider schedules can prompt questions as to whether these discrepancies represent a potential fraud. Where the Social Worker feels further follow-up should be made, the DA-100 Referral Form should be sent to the IHSS Program Management via the Social Work Supervisor to track and forward to the Multi-Disciplinary Team for potential investigation by QA/EFI/DA staff. Investigations by the investigator(s) utilizing investigative techniques



and data sources can follow-up, and if warranted, press further with the DA. Starting April 1, 2005 all renewal cases will require the completed Provider Service Report or documentation in the narrative indicating the work time of their providers was discussed with the consumer.

The Death Lists received by Contra Costa from the State are routinely reviewed by Payroll and Social Workers and the review and comments are forwarded to the State. Any questionable provider patterns identified through this evaluation are to be stated on the DA-100 Referral Form and submitted to the IHSS Program Management via the Social Work Supervisor to be acted upon by the Early Fraud Unit or the DA.

Payroll and Social Worker generated fraud cases can represent a large percentage of cases that could result in some form of fraud or questionable delivery of allocated client services. In most of these cases there exist questions that need to be probed by QA or EFI staff. The Payroll or Social Worker staff should generate a referral via the Supervisor to the IHSS Program Management to be evaluated by EFI with the potential for QA or EFI staff follow-up. Both Social Workers and Payroll staff should confer on important details that could be important in further follow-up. The ongoing use of the Provider Service Report or S-3 documentation will allow for IHSS staff to compare service hours for discrepancies or irregularities in response to recent legislation (SBI 104). With increasing State and Federal scrutiny, these actions by IHSS staff will assist in reducing potential unallowable reimbursable costs.

Overpayment to providers currently generates a mailed notice from payroll to the overpaid provider informing providers of the overpayment amount. There currently are no further attempts at recovery. It is anticipated that in the future the inclusion of the Office of Revenue Collection to pursue overpayments will allow for increased recovery and dissuade future attempts by providers to abuse the system. Overpayments do not always represent a fraud situation and do not necessarily need to go to the MDT or IHSS Program Management. Tracking of overpayment recovery amounts should be done by payroll staff.

Since most of these QA/Fraud referrals are more than likely to be forwarded to the EFI/QA staffs, it is important that IHSS staff and management receive timely feedback as to the resolution of each case. This is important also in gauging what types of cases are likely to be followed up on. It will become necessary to track the volume and types of cases because of expected State and Federal monitoring. A systematic tracking of cases referred and followed up on is being developed and will be regularly evaluated. Communications among IHSS and EFI/DA need to be enhanced for better communications. IHSS Program management needs to receive routine reports from the DA and EFI as to the number of cases taken and the result of that follow-up. This follow-up and tracking can be done using the DA-100 Referral form.

With the State developing procedures and protocols for investigating potential fraud coupled with dedicated County Quality Assurance staff mobilized around these efforts, the process could change as developments occur.

If there are any questions regarding the above please contact Clint Jossey, IHSS Policy Staff, at (925) 335-8810 (5-8810).

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**IN-HOME SUPPORTIVE SERVICES****CONTRA COSTA COUNTY****IN-HOME SUPPORTIVE SERVICES PROGRAM MEMO 8-05**

**TO: Code 54  
IHSS Eligibility Staff and  
Respective Supervisors**

**Date: September 29, 2008**

**Subject: IHSS Overpayment Recovery Procedures**

1. All Non-DA 100A recognized overpayments where a provider is still active, will be collected by the IHSS payroll.
  - a. The amount will be calculated and a letter (notice) will be provided to the provider with the owed amount. A phone call will be made to discuss a payment plan which establishes payment up to the total amount or the recognized 12.5% per pay period until the overpayment is recovered.
2. Overpayments that are owed as a result of court ordered restitution will be made to the Office of Revenue Collection (ORC) unit and accounted back to the appropriate cost center and reported to the Fiscal Unit and the IHSS Administration of EHSD.

The DA prosecutors will inform the presiding judge that the convicted provider should make payments to the ORC unit. ORC will then track the payments and report monthly.

3. Overpayments that are generated as a result of Quality Assurance, Payroll, or Social Worker's determination that may not result in DA follow-up but are tracked in the DA 100A process will be sent to ORC for follow-up. These referrals should include the amount of the overpayment with details of the reason for the overpayment on the DBRU-1 form. ORC will attempt recovery and payments made to ORC will be tracked monthly until full payment has been recovered.

If a provider or a client wants to make a payment to the DA investigator, payroll clerk or the social worker, they should be advised to contact ORC to make that payment.

If you have any questions regarding this memo, contact Clint Jossey, Policy Staff at 5-8810.

## **Procedure for IHSS Fraud/QC Referrals**

The following instructions provide direction to the Aging and Adult Services Bureau staff when there is reason to suspect purposeful fraud or blatant misuse of the IHSS program by a provider, client or other involved party.

1. When IHSS fraud by a consumer, provider or both is suspected by any member of Aging and Adult Services or Administrative staff, information should be discussed with the IHSS Social Worker or MSSP Case Manager (in the capacity of IHSS Social Worker). Related supporting documentation (time cards, correspondence, schedules, etc.), if available, should be provided to IHSS SW/CM.
2. If the IHSS SW/CM concurs that there is reasonable suspicion that fraud has occurred or is occurring, the SW/CM should either:

- In the case of a situation that has strong indications of fraud, prepare a written referral using the EFI/ IHSS Fraud/ Case Referral form (attachment), which is available in IHSS Templates and forward it to their Supervisor for review. The referral should include information regarding other internal contacts, such as IHSS Payroll or Registry staff. A copy of the referral will be retained in the client case file and by the supervisor.

Or

- In the case of more vague circumstances, discuss the situation with their unit supervisor or (in the absence of the supervisor) IHSS Staff Assistant. If it is agreed that a referral to the IHSS Staff Assistant is warranted, the worker should prepare the IHSS Fraud Referral Form (available on IHSS Templates) and forward to the supervisor. A copy of the referral will be retained in the client case file and by the supervisor.

3. The Supervisor should sign off and forward the referral to the IHSS Program Manager/or IHSS Staff Assistant. This indicates that the Supervisor is aware of the referral and agrees it is appropriate for this level of investigation. Any case documentation or other resources concerning this case or other connected cases should also accompany this referral.

4. Upon receipt of the referral to the IHSS Program Manager/or IHSS Staff Assistant, the Quality Control/Fraud Committee consisting of representatives from EFI (Early Fraud Unit), IHSS Management, Payroll, Public Authority and the District Attorney's Office will review referrals at the Committee meetings occurring each month. The review will evaluate for the potential for follow-up that will likely halt some level of fraud or identify areas/types of situations that need to be more closely investigated. The use of the Committee to make these evaluations will better identify which staff should be utilized for certain types of investigations and whether resources and staff should be mobilized to attempt further investigation. In the case of egregious situations requiring immediate attention, the IHSS Staff Assistant shall coordinate with appropriate parties outside of the Committee structure to

effect immediate attention to a situation. Statistics will be generated regarding the types of cases and outcomes by the EFI staff.

- If the case is NOT accepted for investigation, staff associated with QA/QC/Fraud will communicate the Committee's decision in writing to the referring IHSS Supervisor and SW/CM (email preferred). The referring Social Worker will print and file the note in the case record with the IHSS/QC Fraud Special Case Inquiry Referral Form.

Or

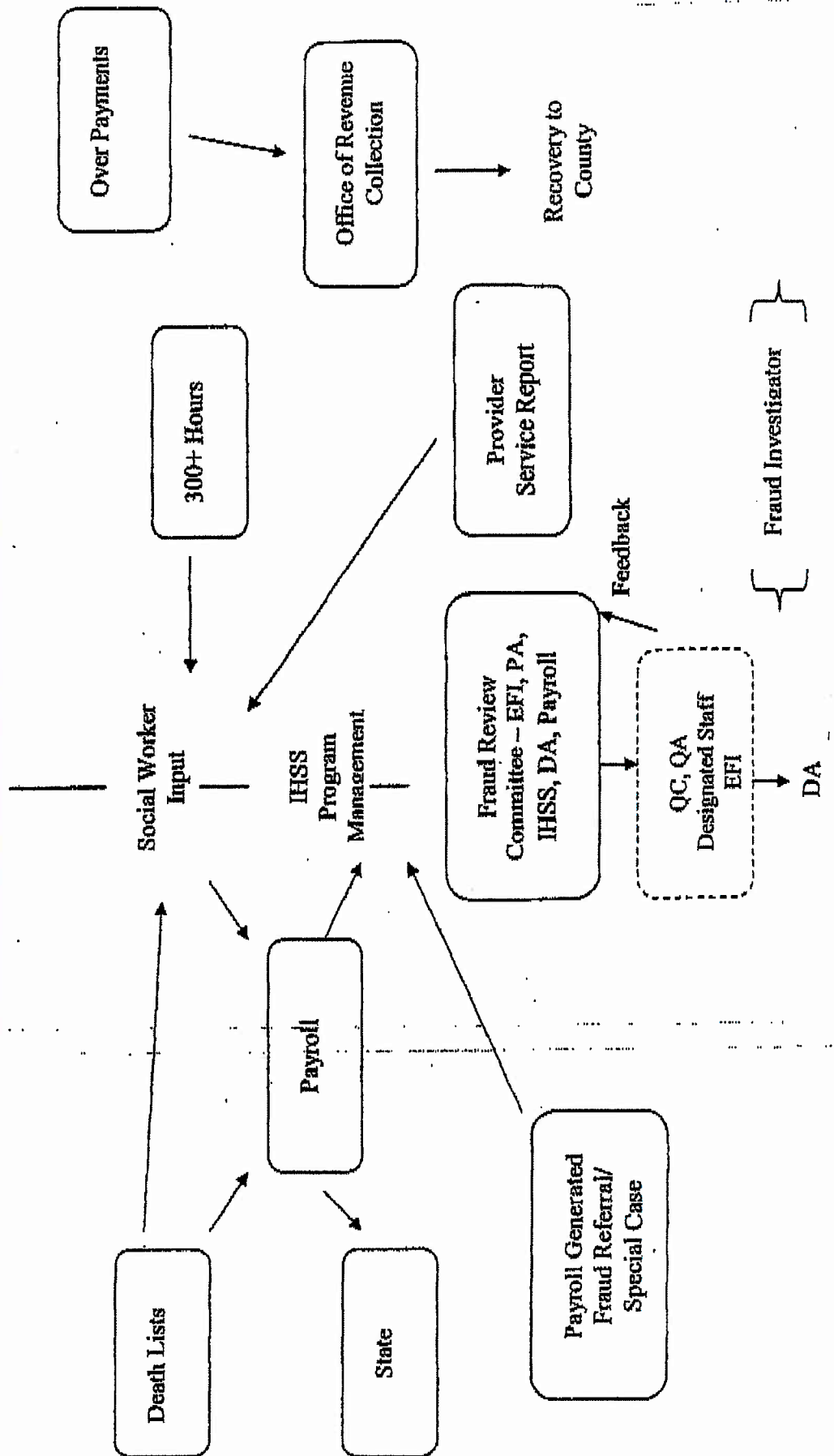
- If the case IS accepted for investigation, and EFI investigator or IHSS QC Staff will email the IHSS Supervisor and referring SW/CM to advise that the case will be accepted for investigation and to begin to gather additional information or documentation. The information will be forwarded to the PA Registry Specialist as well, and could result in the provider being temporarily suspended from the Registry (if a Registry provider) pending the outcome of the investigation. If names and contact information for other consumers served by a suspected provider are necessary for the investigation, the investigator may request this information from the IHSS unit supervisor who will obtain it from the Ad hoc tool, or from the IHSS Payroll staff.

5. When the investigation is concluded, the EFI investigator, District Attorney staff or IHSS QC staff will provide a brief statement of the final disposition of the investigation in writing (email preferred) to the SW Supervisor and Program Manager who will forward to the referring SW/CM, PA Registry Specialist (if applicable). This document will be filed in the consumer's case record with the original referral and other related documents, and in the provider's PA employment file, if applicable. If alleged fraud by a provider is substantiated by investigation, the provider will be permanently removed from the PA Registry and the union will be notified.

In the coming months, the State will be issuing regulations and directions concerning a more standardized uniform approach to Quality Control measures. It is expected that our procedures will be merged with those required by the State.



Contra Costa County  
THE IHSS FRAUD/QC REFERRAL FLOW



CONTRA COSTA COUNTY

EMPLOYMENT AND HUMAN SERVICES DEPT.

## OFFICE OF REVENUE COLLECTION REFERRAL

TO: OFFICE OF REVENUE COLLECTION

ACTIVE	ORC CLEARANCE
CLOSED	
DISCOVERY	

## I. CASE IDENTIFICATION INFORMATION

CASE NAME	CASE NUMBER	<input type="checkbox"/> Active PCN
		<input type="checkbox"/> Disc
		date
PAYEE	LEGAL NAME	PAYEE SOCIAL SECURITY NUMBER
2ND ADULT NAME		2ND ADULT SOCIAL SECURITY NUMBER
ADDRESS		TELEPHONE NUMBER

## II. REFERRAL INFORMATION

TYPE OF OP/OI			PERIOD WHEN OP/OI OCCURRED	BIC	ORIGINAL AMOUNT OF OP/OI	TOTAL AMOUNT ADJUSTED TO DATE	BALANCE		MONTHLY CONTINUING ADJ
Adm	Resp	Frd					AMT DUE	AS OF DATE	

## REASON FOR OVERPAYMENT/OVERISSUANCE

BIC # \_\_\_\_\_

BIC # \_\_\_\_\_

BIC # \_\_\_\_\_

BIC # \_\_\_\_\_

BIC # \_\_\_\_\_

BIC # \_\_\_\_\_

COMMENTS:

ATTACHMENTS	<input type="checkbox"/> DFA 842 (if this is the first referral)	<input type="checkbox"/> COPY OF NOA TO CLIENT ADVISING OF OP/OI
FROM (ELIGIBILITY WORKER)	PCN	DATE
		TELEPHONE NUMBER
		EW51 APPROVAL

Date:

Dear \_\_\_\_\_:

This letter is to inform you that you were overpaid in the month \_\_\_\_\_.

Our records indicate that \_\_\_\_\_ had another provider  
\_\_\_\_\_. Since you did not work you were overpaid for \_\_\_\_\_  
hours for a total amount of \_\_\_\_\_.

Since you are currently working for \_\_\_\_\_ an automatic deduction has  
been set-up against your wages for 12.5% per pay period, which totals \_\_\_\_\_ a  
pay period. This deduction will begin next pay period.

Please remember to notify your Social Worker and the Public Authority  
immediately when your client is no longer in your care and when they return to  
your care.

The Social Worker's name and phone number for your case are  
\_\_\_\_\_. The public authority benefits  
clerk's name and phone number for your case are  
\_\_\_\_\_.

If you have any concerns or questions please feel free to contact me at  
(925)\_\_\_\_\_.

Thank you.

Sincerely,

IHSS Payroll  
\_\_\_\_\_



Date:

Dear \_\_\_\_\_:

This letter is to inform you that you were overpaid in \_\_\_\_\_.

Our records indicate that \_\_\_\_\_ was out of your care from \_\_\_\_\_, \_\_\_\_\_ prorated eligibility for the Month of \_\_\_\_\_ was \_\_\_\_\_ hours. Since you were paid for a total of \_\_\_\_\_ hours and your client was only eligible for \_\_\_\_\_ hours you were overpaid a total \_\_\_\_\_.

An automatic deduction has been set-up against your wages for 12.5% of the overpayment each pay period until the full amount of \_\_\_\_\_ is paid in full. This deduction will happen immediately.

Please remember to notify your Social Worker and the Public Authority immediately when your client is no longer in your care and when they return to your care.

The Social Worker is \_\_\_\_\_ at (925) \_\_\_\_\_. The Public Authority benefits clerk is \_\_\_\_\_ at (925) \_\_\_\_\_.

If you have any concerns or questions please feel free to contact me at (925) \_\_\_\_\_.

Thank you.

Sincerely,

IHSS Payroll

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**Budget Justification**  
**Contra Costa County's Fraud Funding Plan for FY 2009-10**

Budget Section	Total
<b>A. Personnel Costs (includes employee benefits) Social Workers and Payroll</b>	<b>\$ 267,784</b>
<b>B. Operating Expenses Match</b>	<b>\$ 97,236</b>
<b>C. Equipment Expenses</b>	<b>\$ 0</b>
<b>D. Travel/Per Diem and Training</b>	<b>\$ 0</b>
<b>E. Subcontracts and Consultants - Public Authority and District Attorney's Office</b>	<b>\$ 235,000</b>
<b>F. Other Costs</b>	<b>\$ 0</b>
<b>G. Indirect Expenses</b>	<b>\$ Inc</b>
<b>Total Expenses</b>	<b>\$ 599,980</b>

<b>A. Personnel Costs (including employee benefits)</b>	<b>Total Budget</b>
<b>Title:</b> Social Workers <b>Salary Calculation:</b> 1.5 <b>Duties Description:</b> Expand the current Quality Assurance/Fraud efforts to conduct additional fraud investigations. Coordinate with State in combined investigations and follow-up. Expand the case reviews and overpayment recovery activities. Additional coordination with district attorney's office. Continue to participate in the Multi-Disciplinary Fraud Team (MDT.)	\$ 195,247
<b>Title:</b> .5 FTE Data / Collections Clerk / Payroll <b>Salary Calculation:</b> 72,497 <b>Duties Description:</b> Staffing capacity for coordination and recovery of overpayments. Staff to be responsible for hospitalization and death match overpayments. Coordinate with fiscal unit, recovery unit and quality assurance team. CMIPS II follow-up data searches.	\$ 72,497
<b>Title:</b> <b>Salary Calculation:</b> <b>Duties Description:</b>	\$
<b>Title:</b> <b>Salary Calculation:</b> <b>Duties Description:</b>	\$
<b>Title:</b> <b>Salary Calculation:</b> <b>Duties Description:</b>	\$
<b>Title:</b> <b>Salary Calculation:</b>	\$

Duties Description:	
Total Personnel Costs:	\$

<b>B. Operating Expenses</b>	<b>Total Budget</b>
<b>Title: EHSD Operating Expenses</b> <b>Description: Space, support costs and overhead*</b> <b>*Some indirect included due to County Expense Claim process</b>	\$ 61,853
<b>Title: DA Operating Expense</b> <b>Description: Space, data processing, administration fee</b>	\$ 35,383
<b>Title:</b> <b>Description:</b>	\$
<b>Total Operating Expenses:</b>	<b>\$ 97,236</b>

<b>C. Equipment Expenses</b>	<b>Total Budget</b>
<b>Title:</b> <b>Description:</b>	\$
<b>Title:</b> <b>Description:</b>	\$
<b>Title:</b> <b>Description:</b>	\$
<b>Total Equipment Expenses:</b>	<b>\$ 0</b>

<b>D. Travel/Per Diem and Training</b>	<b>Total Budget</b>
<b>Title:</b> <b>Description:</b>	\$
<b>Title:</b> <b>Description:</b>	\$
<b>Title:</b> <b>Description:</b>	\$
<b>Total Travel/Per Diem and Training:</b>	<b>\$ 0</b>

<b>E. Subcontracts and Consultants</b>		<b>Total Budget</b>
<b>Title:</b> Registry / Training Specialist  <b>Description:</b> Explains to providers that they must undergo a criminal background investigation; sends LiveScan forms to providers; conducts anti-fraud orientations for all providers; explains what fraud is and has providers sign an in-house form stating that they understand what fraud is; works intensively with consumers and providers to ensure that they understand what behavior constitutes fraud and the penalties involved. Completes referrals to the IHSS Fraud/QC Unit; consults and coordinates with the Public Authority's representative to the Fraud Multi-Agency Team Meetings on issues and cases.		1.5 FTE @ \$135,000
<b>Title:</b> District Attorney Senior Inspector - temporary  <b>Description:</b> This is a sworn peace office position assigned to the Investigative Division of the District Attorney's Office. The incumbent in this position will be an experienced peace officer with investigative experience. The investigator will utilize their experience and expertise to effectively and efficiently investigate suspected IHSS fraud. The investigator will work with other peace officers, investigators, IHSS personnel, and deputy district attorneys during the course of their work. Their duties will include, assessing case information and leads, interviewing suspects and witnesses, preparing and serving search warrants, collecting evidence, documenting their case activity in an investigative report, reviewing cases with the deputy district attorney for criminal filing, testifying in court and making arrests. The investigator will also ensure that the confidentiality of records is maintained as required by law.		\$ 100,000
<b>Title:</b>  <b>Description:</b>		\$
<b>Total Subcontracts and Consultants:</b>		<b>\$ 235,000</b>

<b>F. Other Costs</b>		<b>Total Budget</b>
<b>Title:</b>  <b>Description:</b>		\$
<b>Title:</b>  <b>Description:</b>		\$
<b>Title:</b>  <b>Description:</b>		\$
<b>Title:</b>  <b>Description:</b>		\$
<b>Title:</b>  <b>Description:</b>		\$
<b>Total Other Costs:</b>		<b>\$ 0</b>

<b>G. Indirect Expenses</b>	<b>Total Budget</b>
<b>Title:</b> <b>Description:</b> Included in operating due to County expense claim process.	See Above
<b>Title:</b> <b>Description:</b>	\$
<b>Total Other Costs:</b>	\$